

# KEY HEALTH INDICATORS: INFORMATION THAT WORKS

## A common framework for health

How healthy are we? What makes us so? How can we improve and protect our health? And how can we protect ourselves from myriad threats to our well-being? All health policy addresses these questions, and the answers encompass no less than all of the systems—public and private—that affect our health status. Capturing the answers in a framework that policy makers can use has engaged the Key Health Indicators Committee for the past five years.

Why is it so important to have a common framework? By focusing on the key determinants of health, we can turn our attention and resources to the aspects of health protection and promotion that promise the greatest gains in well-being for everyone.

Most people think about “health” in a very limited way. They think of doctor visits or hospitals. Sometimes they think about how they feel or how easily they can move about in daily life. The Key Indicators Committee takes a deeper look at health, focusing on the “determinants of health” and measuring those that have the greatest impact on our health. The contribution of medical care is important, and it is essential when a person becomes ill. But other factors have a much greater impact on our overall health, including personal behaviors, such as smoking and physical activity and the social and physical environments in which we

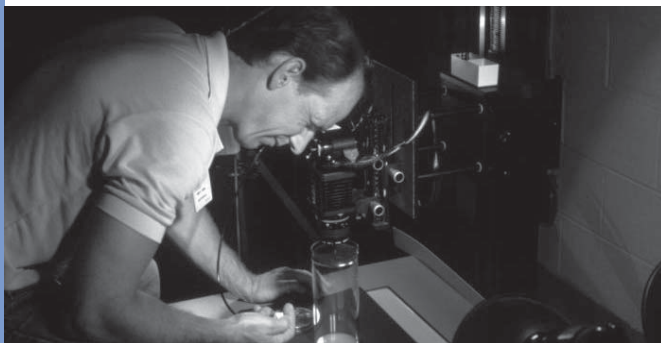
live. The graph on page 17 shows the relative weight of these factors.

## A Report Card to measure health

To track our health in Washington, the committee has developed a Report Card using the key determinants of health. Like all report cards, this one will carry grades—about our overall health, our environment, our social and economic health, our health care system, our communities, our families, and our individual behaviors. The focus will be on modifiable factors in each category. The committee has also added indicators to measure behavior among our youth, to learn more about our younger children’s readiness to learn, and to assess how our families are doing—because these are key components of health for children (see box, page 17).

The committee developed grading criteria that consider how well Washington is doing compared with the United States as a whole, whether an indicator is improving or worsening over time, and whether significant disparities exist among racial or ethnic groups.

The Report Card is intended to inform and stimulate state and community discussion, as well as policy development and action, by providing solid information that will lead to better-targeted actions, and ultimately, better health outcomes. It is intended to focus strategic investments in health throughout the



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## What Are Health Disparities?

And why are they important to track?

Healthy People 2010, national objectives that set the prevention agenda for the United States, identified eliminating health disparities in the United States as one of its primary goals. This stems from a basic value: all people deserve the same opportunity to experience good health and quality of life (<http://www.healthypeople.gov/>).

A disparity in health occurs when one group of individuals experiences significantly greater—or worse—health than another group. Very often, health disparities exist among racial and ethnic groups. They may be the result of unequal access to medical care, or differences in income or education, or other factors. Identifying disparities is a first step toward understanding exactly which disparities exist, what contributes to them, and what can be done to eliminate them.

In developing Washington's Report Card on Health, we have put special emphasis on measuring disparities among racial and ethnic groups. This is a difficult task, and it requires analyses of many types of data, in varied formats (see Appendix 3). With a goal toward eliminating disparities, this information will help us focus resources on public health efforts that help "close the gap."

state. Good decisions begin with good information.

The Report Card is designed to be simple and direct. To present more detailed information, the Department of Health will present the Report Card on a website beginning in 2005. The site will present the information that supports each grade, providing communities with meaningful data to inform community discussion and action in six broad areas:

- How healthy are we overall?
- How safe and supportive are our surroundings?
- How safe and supportive are our communities?
- How supportive is our health care system?
- How safe and supportive are our families?
- How healthy are our behaviors?

To maintain the Report Card, state epidemiologists will conduct ongoing data collection for the 52 indicators of health status (see Appendix 2 for the list). The Key Health Indicators Committee will assign grades every two years based on established grading components: comparisons, trends, and health disparities. The committee also intends to add one more component that will evaluate how well we are doing in meeting our goals. This will require the develop-

ment of Washington State targets for each of the indicators.

Among the challenges the committee has encountered so far is the lack of county-level data, which are needed if the Report Card is to be used throughout the state. The committee is considering presenting regional or multi-county data for some of the sub-indicators. Meanwhile, the committee has added questions to the Behavioral Risk Factor Surveillance System (BRFSS) survey to provide county-level data on unmet health care needs for adults and children.

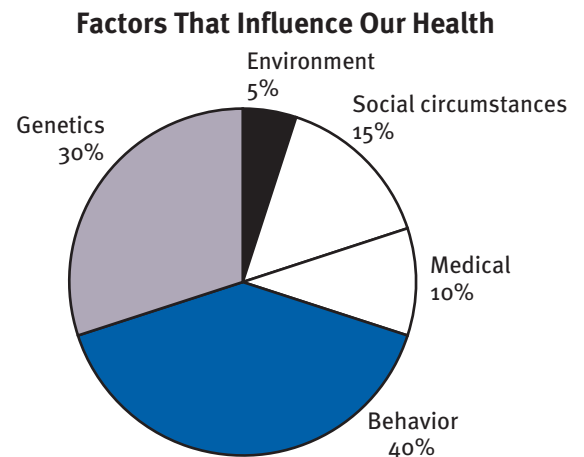
Availability of data remains a challenge for the committee, particularly in such areas as the safety of water systems and air quality. For example, at this time, the state is measuring the quality of only the large, "Group A" water systems, which means that the quality of the "Group B" systems, which serve 15 or fewer households, is not included in the data mix.

## Making evidenced-based investments in health

The committee recognizes that grades will not improve without interventions. In the future, it will provide links on the Report Card website to interventions for improving health outcomes.

There is much we can do individually and collectively to improve our health. Identifying best practice interventions that have been proven to be effective will assist state and local organizations in finding an approach that is right for their population. The on-line format will make it easy to refine and update the information. But as with much of the indicators work, the committee is learning what isn't available—including interventions for all the areas tracked by our health indicators.

It will take time to collect the data called for in our Report Card and to develop ways to make it easily accessible to people who must make decisions about health policy, expenditures, and programs. While the concept sounds simple, it has not been done before. As the Report Card is finalized, communities will be able, systematically, to use science-based, timely information about their own health, and they will be able to link it to the best available



Source: Health Affairs

information about what really works to keep them healthy. For more information on definitions and data sources for the Report Card, see <http://www.doh.wa.gov/phip/PHIP2004/ReferenceLinks.htm>.

## Report Card Sample

This is a short sample page from the PHIP Report Card. The full Report Card will be published separately and can be viewed at <http://www.doh.wa.gov/phip/indicators/draftreportcard.htm>.

### 1. How Healthy Are We Overall?

Category	Indicators	Compared to U.S.	Trend	Disparities	Final
How good is our general physical and mental health?	Expected years of healthy life at age 20	A	C	C	B
	Percent of adults who report 14 or more days of poor mental health in the past month	B	C	C	C
General Health Grade	Although Washington compares favorably to the U.S. on healthy life expectancy and mental health, we have not seen improvement since 1993 and there are moderate levels of disparities.				C
Are we a healthy weight?	Percent of adults who are obese	B	F	C	C
	Percent of 10th graders who are overweight	B	N/A	C	C
Overall Obesity Grade	Washington has relatively fewer obese adults and overweight 10th graders compared to the U.S. Nonetheless, in 2003 about 20% of adults reported heights and weights indicating obesity. About 10% of 10th graders were overweight in 2002. Washington's rates are moving in the wrong direction and we have moderate levels of disparities.				C

## Recommendations for 2005-07

### 1. Adopt the Report Card.

Developing a Report Card is no easy task. This one is the result of thoughtful collaboration by public health professionals throughout Washington. It has had considerable scrutiny and is drawn from the best available science. It focuses our attention on the underlying *determinants* of health—a focus that provides the best opportunity to improve health over time. This Report Card should be adopted and used by policy makers in many venues.

### 2. Publish the Report Card every two years in a hard copy summary and web-based format, with links to additional information and interventions.

Maintaining the Report Card should be a core activity of the public health system.

By making information about actual health trends readily available, we will have the knowledge needed to direct resources toward greatest needs and toward health interventions that show the greatest success. This will require funding for ongoing collection, analysis, and dissemination.

### 3. Commit resources to develop and implement a process to set targets.

Setting realistic numerical targets for health indicators, based on the best available science, will let us measure progress over time. Numerical measures will provide a clear picture of whether we are meeting our goals. Setting targets is a significant undertaking and will require a great deal of time and analysis on the part of people who contribute to this effort.